

SAMPLE
DOMESTIC VIOLENCE AND HEALTHCARE PARTNERSHIP
MEMORANDUM OF UNDERSTANDING

This agreement is made by and between [HEALTH SETTING] and [DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT AGENCY] to promote health and safety outcomes for patients/clients who have experienced domestic and/or sexual violence (DV/SA). The purpose of this partnership is to strengthen collaboration between staff from both entities and promote bidirectional warm referrals for clients/patients and staff. [ADD IN ADDITIONAL VALUES OR ACTIONS i.e. to exchange information, education and training; develop health care policies to support patients experiencing DV/SA and reduce barriers to health care for clients within DV/SA programs; provide mutual collaboration and trainings, partner on grants/funding, etc.].

[Use this space to provide a brief description of each partner agency].

The parties above and designated agents have signed this document and agree that:

- 1) Representatives of [DV/SA Agency] and [health setting] will meet each other in-person or via video/ phone at least once at the inception of this collaboration to understand the services currently provided by their respective programs and to discuss needs, goals, and next steps.
- 2) Representatives of [DV/SA Agency] and [health setting] will continue to meet between [date] and [date] *[list frequency and meeting location/format and recurring schedule, as possible]*.
- 3) [Health setting] will hold the following roles and responsibilities: *[list the responsibilities and role of the health setting—i.e. training DV/SA advocates on health center services and health enrollment for new patients, and supplemental/refresher trainings as needed; serving as a primary health care referral for clients referred by the DV/SA program; drafting and reviewing IPV policies and procedures; offering health education, enrollment support, or resources to clients in DV/SA programs; etc.]*.
- 4) [DV/SA Agency] will hold the following roles and responsibilities: *[list the responsibilities and role of the DV/SA agency—i.e. training health setting providers and staff on DV dynamics and community supports and supplemental/refresher trainings as needed; serving as a primary referral for health setting patients or staff in need; drafting and reviewing policies (offering DV/SA advocacy support onsite at health settings or virtually via telehealth etc.; tabling materials/resources at health fairs or other health events/virtual events; etc.)]*.
- 5) [Health setting] will provide the following resources: *[list resources that the health setting can bring to support the project's efforts—i.e. additional staff time; mobile health services; office space for advocates co-located at the health setting; funding; key contacts; condoms]*
- 6) [DV/SA Agency] will provide the following resources: *[list resources that the organization can bring to support the project's efforts—i.e. additional staff time; 24/7 hotline; materials/program brochures; telehealth client support; key contacts; funds; etc.]*.
- 7) [DV/SA Agency] and [health setting] staff will review and discuss evaluation tools offered on www.IPVHealth.org to help measure the success and challenges of their collaboration and outcomes *[examples include a Quality Assessment/Quality Improvement tool used every six months to measure progress; referral tracking tool; client/patient satisfaction surveys; and provider/staff training*

evaluations].

- 8) [DV/SA Agency] and [health setting] will share their emergency management protocols in order to develop a plan for a coordinated response that emphasizes the health needs of survivors in light of the increased risk factors following an emergency situation.

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding. This agreement will be valid from [date] to [date] and may be renewed at the end of this period if both parties agree.

Name & Location of Health Setting

Staff Name _____
Title _____
Date _____

Name & Location of DV/SA Agency

Staff Name _____
Title _____
Date _____



This tool is supported by Grant Number 90EV0529 to Futures Without Violence from the U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.

This tool was developed by [The National Health Resource Center on Domestic Violence](#), a project of [Futures Without Violence](#).

Revised December 2025.